

Case Number:	CM15-0164845		
Date Assigned:	09/02/2015	Date of Injury:	06/26/2014
Decision Date:	10/05/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old female, who sustained an industrial injury on June 26, 2014. Treatment to date has included physical therapy, diagnostic imaging, opioid medications, and NSAIDS. An evaluation on April 20, 2015 revealed the injured worker reported her pain was above the same as his previous evaluation. She rated her pain a 9 on a 10-point scale and noted that her low back pain radiated to her bilateral lower extremities. She had associated numbness and tingling. On physical examination the injured worker has normal reflex, sensory and power testing to the bilateral upper and lower extremities. She has decreased reflexes on the right at the knees and decreased sensation at the L4 distribution on the right. She has negative bilateral straight leg raise and bowstring tests. The injured worker has a mildly antalgic gait and difficulty with heel-walk on the right. She has positive lumbar tenderness and muscle spasms in the paraspinal musculature. She has 20% decreased lumbar spine range of motion. The diagnoses associated with the request include lumbar strain, grade I spondylolisthesis of L4-5 and lumbar radiculopathy with motor and sensory deficits. A request was received for flurbiprofen 20%-cyclobenzaprine 4%-lidocaine 5%.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flurbiprofen 20%/Cyclobenzaprine 4%/ Lidocaine 5%, 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (cylcobenzaprine), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.